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ABSTRACT

The present college population represents such a diversity of ability that counselors are being challenged to devise new methods of helping to improve study behaviors. College students (N=60) participated in a study to compare the effectiveness of two multicomponent approaches, i.e., group counseling/study skills instruction and cognitive/behavioral self-management, in improving study behaviors. Significant differences between gain scores among the four groups were found for study habits and debilitating anxiety, but not for study attitudes, facilitating anxiety, or grade point average. The two experimental treatment groups showed the greatest improvement in study habits; the self-management group showed the greatest decrease in debilitating anxiety. The findings suggest that improvement in study behaviors will be an issue requiring the attention of college counseling services for many years to come. (Author/JAC)

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GROUP COUNSELING vs. SELF-MANAGEMENT IN IMPROVING COLLEGE STUDY BEHAVIOR

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During the past two decades, educators have been giving increased attention to study skills counseling for their students (Chestnut, 1965). A tightening job market and, for some colleges and universities, less rigorous admissions standards, may have contributed to this attention to study skills assistance in two ways: (1) Greater competition in the job market seems to have filtered down to greater competition among students for better grades, and (2) underprepared students are requiring special help to succeed in college. Thus, two very different kinds of students, the academically apprehensive and the underachiever, are seeking study assistance in increasing numbers (Robyak & Downey, 1978)

The present college population represents such diversity of ability that counselors are being challenged to devise new methods of helping to improve study behaviors. Programs that have been used in the past include individual and group counseling, study skills courses, counseling along with study skills instruction, and behavioral self-control principles applied to acquiring study behaviors. Although these various treatment approaches have been demonstrated to be effective (Groveman, Richards and Caple, 1975), little research has been conducted comparing one approach to another.

Bednar and Weinberg (1970) reviewed 23 studies in an attempt to identify ingredients of counseling treatment programs that were associated with improved academic performance. They concluded that the following variables were associated with positive treatment outcome for underachievers: (a) longer treatment (10 hours or longer); (b) voluntary participation; (c) structured rather than unstructured programs; (d) high levels of the therapeutic conditions of warmth, empathy and genuineness; (e) group rather than individual counseling (especially that which takes into consideration the personality characteristics of the students and the dynamics of underachievement); and (f) study skills instruction combined with counseling.

Groveman, Richards and Caple (1975) cited more than 100 articles and their own research in their review of methods for improving study behavior. They concluded that such programs should include reading effectiveness counseling and note-taking, test-taking, and writing skills, as well as time-management. These skills should be presented in a voluntary, structured program which is 10 hours or more in length.

The purpose of this study was to compare the effectiveness of two multi-component approaches, group counseling/study skills instruction and cognitive/behavioral self-management, in improving study behaviors, study attitudes, achievement anxiety and academic performance. This study was conducted with 60 students who volunteered from an urban university with an enrollment of 2300.

The rationale for selecting these two approaches is based on findings from previous research. Studies on the personality characteristics of students who most

frequently seek study skills improvement indicate that a single treatment approach is appropriate for the academically apprehensive student and for the underachieving student (McKenzie, 1964). Other findings indicate that study skills instruction alone has not been consistently effective in changing study behaviors, while group counseling alone or with study skills instruction has been moderately successful in helping students to overcome problems in studying. Numerous studies report the effectiveness of behavioral approaches in improving either study habits, study attitudes, or academic performance, depending on the target for change. In very few studies using behavioral approaches has an attempt to change two or more of these factors (i.e., habits, attitudes, grades) been made. Cognitive modification techniques have been successful in changing attitudes and in reducing anxiety related to test-taking (Meichenbaum, 1972).

METHOD

Four experimental groups were used in this nonequivalent control group design. A minimal treatment control group and a no-contact control group were used in addition to the two treatment groups. The experiment ran for six weeks and was conducted by two counselors serving as co-facilitators. The dependent variables in this study were grade-point average and scores on the Survey of Study Habits and Attitudes and on the Achievement Anxiety Test.

Subjects

The subjects for the study were 60 college students from the undergraduate division of St. Joseph's University in Philadelphia. Seventy-three persons responded to letters sent out to the entire student body explaining the study skills improvement program. Because the two treatment groups were offered at two different times, subjects selected the group that best accommodated their personal schedules. Thus, assignment to groups was not under experimental control. Initially, 21 students selected Group I (group counseling) while 20 students selected Group II (self-management).

Sixteen students who had requested study skills assistance but were unable to meet at either group time were assigned to the minimal treatment control group. This group received the typed hand-outs of study skills instructions that were used in the group counseling/study skills approach. The no-contact control group consisted of 15 subjects who were enrolled in a Health Psychology course offered at the University.

Post-test data was collected on 60 of the original subjects, 15 in each of the four groups. The final 60 subjects represented 18 different majors in liberal arts and business. The representation by class was 24 freshmen, 15 sophomores, 14 juniors and 9 seniors. There were 32 males and 28 females. The mean age was 19.9. The mean grade point average for the group counseling group was 2.07; for the self-management group, 1.96; for the minimal-treatment control, 2.58; and for the no-contact control group, 3.09.

Procedures

Students who volunteered for participation in the study skills improvement program selected one of two group meeting times, which they would attend for six consecutive weeks. The particular treatment, group counseling/study skills or

cognitive/behavioral self-management, was randomly assigned by the investigator after subjects registered for the study skills improvement whorkshop that they would attend. Before treatment, subjects in all four groups were administered the Survey of Study Habits and Attitudes and the Achievement Anxiety Test. Post-treatment measures were taken on the same instruments during the last treatment session. Previous semester GPA was collected from records in the registrar's office before the treatment and was compared to end-of-semester GPA for the semester in which treatment occurred.

Treatments

Each treatment consisted of six-105-minute sessions, for a total of 10½ hours, which occurred once a week between the second and eighth weeks of the second semester of the academic year. Pretesting and posttesting occurred during the first and last sessions, respectively, for both groups. Also during the first session for both groups, the rationale for the particular approach was presented, and subjects were asked to discuss what they thought to be effective study skills and what particular study problems they wanted to improve.

The two groups met on different days of the week, though at the same time each day. They received completely different sets of hand-outs. The group counseling/study skills group received 20 hand-outs, which were divided among the sessions according to the topics to be discussed. The hand-outs provided information on time management, (Robinson 1970), SQ3R methods of textbook reading skills, classroom note-taking skills and test-taking skills. The hand-outs contained explanations about cngnitive-behavioral techniques to be used: self-contracting of desired behaviors, self-monitoring, self-reinforcement, stimulus control, progressive relaxation, and self-instruction. The subjects in the self-management group received no "how to study" information from the hand-outs nor from the co-facilitators, whereas subjects in the group counseling received such information from both sources. Attendance was taken at all group sessions. The average number of sessions attended by subjects in group counseling was 4.6, while the average for subjects in self-management was 5.4.

The minimal treatment control subjects and the group counseling subjects received identical written information about study skills; however, the minimal treatment group received no counseling component and no contact as a group. The self-management subjects received an entirely different set of hand-outs and instructions from the co-facilitators than did the group counseling subjects. There was no study skills information component in the self-management treatment, but relaxation instructions were included for the self-management group only.

Measures

The two measures of study behaviors used in this study were the Study Habits and Study Attitudes scales from the Survey of Study Habits and Attitudes (Brown and Holtzman, 1966). According to Cronbach (1970), the SSHA distinguishes between students who do well academically and those who do poorly. The test correlates .45 with grades. Students respond to the 100-item questionnaire on a five-point scale ranging from "rarely" to "almost always" according to how frequently they engage in particular behaviors or have particular attitudes. Raw scores ranging from 0 to 100 were used in the analysis.

The Achievement Anxiety Test (Alpert & Haber, 1960) consists of two scales. The Debilitating Anxiety scale contains 10 items which can be answered on a five-point scale from "almost never" to "almost always." Raw scores were used, which range from 10 to 50. The Facilitating Anxiety scale has nine items which can be answered on the same five-point scale. Raw scores range from 9 to 45. The authors devised the test after their studies had shown that general anxiety scales were not adequate indicators of the anxiety associated with academic achievement.

Both the SSHA and AAT are self-report inventories. Several problems with using self-report instruments include response biases, variation in interpretation of terms by respondents, fakability, and limited self-knowledge (Kleinmuntz,1967).

RESULTS

Results for the four experimental groups were analyzed according to repeated measures analysis of variance which treated the pretest scores on the dependent variables as the first of two trials. Winer (1971, pp. 519-539, 599-603) calls this design a "two-factor experiment with repeated measures on one factor." The two factors involve the treatment group and the trials (pre- and post-test scores). A significant interaction of the two factors indicates a difference between gain scores among the four groups. Such a significant interaction was found in two of the five outcome measures, study habits scores and debilitating anxiety. However, no significant interaction was found for study attitudes, facilitating anxiety, or grade-point average.

On the measure of Study Habits, a significant difference was found on the interactive effect ($F=4.51$, $p < .01$) and on the main effects of trials ($F=24.98$, $p < .001$) and groups ($F=3.67$, $p < .05$). When the means of the groups are graphed, the two experimental treatment groups show the greatest increase in scores, while the lines remain roughly parallel to each other, indicating no significant difference between these two groups. The minimal treatment control group shows a slight increase and the no-contract control group shows no change at all. On the measure of Study Attitudes, the interactive effect was not significant, indicating there were no differences among groups with regard to gain scores.

Significant differences in gain scores occurred also on the measure of Debilitating Anxiety, as indicated by the groups-by-trials interactive effect ($F=5.24$, $p < .01$). The main effects of groups and trials also showed significant differences ($F=8.46$, $p < .001$ and $F=11.20$, $p < .01$, respectively). The self-management group showed the greatest decrease in anxiety. On the measure of Facilitating Anxiety, the groups did not differ in gain scores.

GPA improved for all four groups ($F=10.51$, $p < .01$) regardless of treatment. However, the group-by-trials interaction was not significant, indicating that there were no differences among groups with regard to gain.

DISCUSSION

This study has demonstrated that both group counseling with study skills instruction and cognitive/behavioral self-management techniques were effective in improving reported study habits of volunteer St. Joseph's University students. Study skills instruction alone, represented by the minimal treatment control group, was not significantly different from the no-contact control group; neither group produced appreciable changes on any of the dependent measures. The self-management

group received instructions in progressive relaxation and cognitive restructuring of self-verbalizations, both techniques directed to reducing anxiety.

Being based on a single study, the implications of these results are limited. Further studies with other populations of college students are needed to lend more generality to these findings.

Multicomponent interventions appear to be more effective than single component interventions, according to Mitchell & Ng (1972), Richards (1975), and Robyak & Downey (1978). Because of the combination of study skills information with group counseling and cognitive as well as behavioral techniques of self-improvement, results in this study may have been more effective than if any of these techniques had been used independently.

The results of this study show that both experimental treatments are better than the minimal treatment or no-contact control group in improving study habits but that these two treatments are about equally effective. When achievement anxiety is an issue, the cognitive-behavioral self-management approach is more effective than any of the others in reducing debilitating anxiety. Since the self-management group was effective also in improving study habits, that treatment appears to be the single most effective treatment used in this study.

Previous research (Richards, 1975) suggests that study skills instruction is one of the ingredients that is necessary for the successful treatment of study problems. That finding is contraindicated by the present study in that the treatment that was most successful in changing more of the targeted behaviors, the self-management treatment, did not include study skills instruction. In fact, when subjects in this group asked "how to study" questions, co-facilitators responded by showing how self-management techniques could be used instead of by sharing the study skills information that was presented to the group counseling subjects. The results of this study do not support Richards' (1975) statement that study skills information is a minimal prerequisite for changing study behaviors.

The purpose of this study was to identify a treatment approach that is most suitable for a college population that includes underachievers as well as the academically apprehensive. Subjects participated in the study on a voluntary basis. The demographic data - such as major, age, year in school, class rank, SAT scores and GPA - indicated that they were representative of the population of the university. All classes were represented,with 18 different majors. Previous semester GPA's were somewhat higher in the no-contact control group.

The results of this study cannot be considered conclusive, since few studies have been conducted to compare multicomponent treatment interventions for study problems. Rather, this investigation indicates research directions according to which further studies in this area can be conducted.

Improvement in study behaviors will be an issue requiring the attention of college counseling services for many years to come. Our society considers higher education a right rather than a privilege, an attitude that will continue to attract less able students to its universities and colleges.

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